

Grants for Installing Underground Storage Tanks APPLICATION

This application provides required information to apply for an underground storage tank installation grant through the RUST Program, as authorized in Chapter 6.77 (commencing with section 25299.200) of division 20 of the Health and Safety Code. Complete and submit this application with all required documentation to the above address.

APPLICANT INFORMATION			
This application is being filed by: <input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> UST Owner & Operator			
Applicant/Business Name		Fed Tax ID/SSN:*	
Project Address:	City	State	Zip Code
Mailing Address:	City	State	Zip Code
Contact Person	Telephone No.	Cell No.	Fax No.
Applicant Status (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other			
ESTIMATE OF COSTS			
A. Eligible Costs for Enhanced Leak Detection Testing (Attach Contract or Invoices)			\$
B. Estimated Eligible Costs Interstitial Monitoring Equipment (Attach Contract or Invoices)			\$
TOTAL			\$
VERIFICATION AND SIGNATURE			
As the undersigned applicant(s) to the Grants for Installing Underground Storage Tank Program, I (we) hereby certify, under penalty of perjury, under the laws of the State of California, that the information provided in this Application is true and correct and represents the intended use of all sources of funds identified in the Application, and that I will inform the State Water Resources Control Board immediately of any changes therein.			
Executed on this _____ day of _____ 20 _____ Signature _____ Printed Name _____ Title _____ Signature _____ Printed Name _____ Title _____			
Optional Information for Government Monitoring Purposes			
Race/National Origin <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black not Hispanic <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian; not Hispanic <input type="checkbox"/> Other (specify)_____			

* If a federal employer identification number is unavailable, a social security number is required. Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide your social security number. Failure to provide the requested information will result in denial of the grant application. The social security number will be used by the State solely for the purpose of identifying the recipient of the grant funds. Applicants have the right to inspect records containing personal information maintained by the Board.